

Name _____ Date _____ Period _____

HANDOUT 5-4

Sleep Diary

Date _____

Complete after awakening:

Time you went to bed _____

Time you fell asleep _____

Time you woke up _____

Number of times awakened during the night _____

Amount of time awake during the night _____

Total Nighttime Sleep _____

Comments on quality of night's sleep: _____

Did you feel groggy after getting up in the morning? Yes _____ No _____

If yes, for how long? _____

Complete at the end of the day:

Naps: _____

Time fell asleep _____

Time awoke _____

Total Nap Time _____

Comments on quality of naps: _____

Using the Stanford Sleepiness scale below, note your alertness during the day.

1. Feeling active, vital, alert, wide awake
2. Functioning at a high level, not at peak
3. Relaxed, not full alertness, responsive
4. A little foggy, not at peak, let down
5. Fogginess, losing interest, slowed down
6. Sleepiness, prefer to be lying down
7. Almost in a reverie, hard to stay awake

6 AM		4 PM	
8 AM		6 PM	
10 AM		8 PM	
NOON		10 PM	
2 PM		MDNT	

How was your overall sleepiness/alertness today (1-7)? _____

Other comments on mental and physical: _____

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